

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | A METHOD FOR DETERMINING THE POSITION AND/OR ORIENTATION OF A CREATURE RELATIVE TO AN ENVIRONMENT |
| Attorney Docket Number:: | 1504-1034 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 9 |
| Small Entity?:: | Yes |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JAN
Middle Name:: G.
Family Name:: FAGER
City of Residence:: VASTERAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: FAGELPILSGATAN 6

City of Mailing Address:: VASTERAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-723 53

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KLAS
Middle Name::
Family Name:: JACOBSON
City of Residence:: VASTERAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: INFANTERIGATAN 134

City of Mailing Address:: VASTERAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-723 50

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GREAT BRITAIN
Status:: Full Capacity
Given Name:: MONICA
Middle Name::
Family Name:: SCHOFIELD
City of Residence:: BAD OLDERSLOE
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: AM HOHENKAMP 57

City of Mailing Address:: BAD OLDERSLOE
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 28863

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| | | | |
|------------------|----------------------|-------------------------|-------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | Continuation of | PCT/SE02/00968 | 5/21/02 |
| | | | |

For ign Priority Information

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|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| SWEDEN | 0101807-6 | 5/18/01 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::